

# New York State Division of Homeland Security and Emergency Services (DHSES)

## Grants Program Administration

### Minority and Women Owned Business Enterprises (MWBE) Guidelines and Procedures

This guidance is intended to assist grantees with the DHSES MWBE Grant Requirements. This guidance applies only to NYS funded grants in excess of \$25,000.

Note: Throughout this guidance document, a sample grantee/contractor, Grantee Acme County, will be utilized to demonstrate the concepts/sections of the MWBE forms and procedures. The forms are presented in sections for easier viewing and detailed clarification.

#### **LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN Form A – Grantee (Contractor)**

A Local Assistance MWBE EEO Staffing Plan must be submitted during the performance period of all NYS funded grants. Final payments will not be processed until this form has been submitted, reviewed and approved. Additionally, an updated local assistance MWBE EEO staffing plan Form A should be submitted with all budget modification requests.

The illustration below shows fields 1-8 on the Local Assistance MWBE EEO Staffing Plan Form A. Fields 1- 4, 6 and 7 are self-explanatory. For Field 5, Grantees must indicate if the work force reported on this form represents the work force to be utilized on this contract or the grantee’s total work force. In this example, the grantee has indicated that the numbers reported on this form represent the grantee’s employees who will be working on this contract. The grantee’s other option would be to report the breakdown of their entire workforce. Either option is acceptable for the purposes of this form.

For Field 8 the Grantee must indicate the Equal Employment Opportunity staffing goals for their municipality or county. Grantees whose county or municipality does not have goals in place should leave this section blank.

1. Grantee (Contractor) Name: <b>Acme County</b>	2. DHSES Contract Number: <b>C123456</b>	3. Federal ID Number: <b>123456789</b>
4. Grantee (Contractor) Address: <b>123 Main Street PO Box 321 Acme City, NY 12345</b>	5. This form indicates the Grantee’s (select one): <input checked="" type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force	
6. Date: <b>12/12/14</b>	7. NYS SFS Number: <b>1234567890</b>	
8. EEO Goal (Grantee): MBE (Minority) <b>2.5</b> % WBE (Women) <b>6</b> %		

For fields 9 through 14 (see below), the Grantee must break down their workforce by Equal Employment Opportunity job categories, gender identification, race/ethnic identification and veteran status. The PDF version of this form will calculate the totals in this section.

Enter the total number of employees for each classification in each of the EEO-Job Categories identified: This portion of the form (fields 9-14), is a spreadsheet, Fields 13 and 14 will automatically calculate when using this feature.

EEO-Job Category	9. Total Work Force by Job Category	10. Work Force by Gender Identification		11. Work Force by Race/Ethnic Identification												12. Work Force by Disabled/Veteran Identification					
		Total Male (M)	Total Female (F)	American Indian or Alaska Native		Asian		Black or African American		Hispanic or Latino		Native Hawaiian or Other Pacific Islander		Two or More Races		White		Disabled		Veteran	
				(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Craft Workers	6	5	1	0	0	0	0	0	0	0	0	0	0	0	0	5	1	0	0	0	0
Laborers	15	15	0	0	0	0	0	4	0	1	0	0	0	0	0	10	0	0	0	0	0
Office/Clerical	25	5	20	0	0	1	2	1	5	0	1	0	0	0	0	3	17	0	0	2	0
Officials/Administrators	10	5	5	0	0	0	0	0	0	0	0	0	0	0	0	5	5	0	0	1	0
Professionals	6	5	1	0	0	0	0	1	0	0	0	0	0	0	0	4	1	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Temporary/Apprentices	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>13. Subtotals:</b>		35	27	0	0	1	2	6	5	1	1	0	0	0	0	27	24	0	0	3	0
<b>14. Total Workforce:</b>	<b>62</b>																				

**IMPORTANT: EMPLOYEES SHOULD ONLY BE LISTED IN ONLY ONE RACE / ETHNIC IDENTIFICATION CATEGORY.**

For Field 15 (see below), the Grantee should enter the name, title, phone number, and email address of the person completing the form.

For Field 16 (see below), the Grantee should enter the name of their MWBE Liaison. This would be the person designated by the Grantee to answer questions regarding the information provided on the form.

The “For DHSES Use Only” section of the form will be completed by DHSES after a review of the staffing plan has been completed.

15. PREPARED BY (Signature):	EMAIL ADDRESS: <b>MAddams@AcmeCounty.com</b>	TELEPHONE NO.: <b>(518)555-1313</b>	DATE: <b>1/1/15</b>
NAME AND TITLE OF PREPARER (Print or Type): <b>Morticia Addams – Acme County Personnel Administrator</b>		16. MWBE Liaison: <b>Morticia Addams</b>	
<b>FOR DHSES USE ONLY</b>			
<input type="checkbox"/> MWBE EEO Staffing Plan Approved <input type="checkbox"/> MWBE EEO Staffing Plan Denied			
GPA Minority Business Officer:			Review Date:
Reviewer’s Comments:			

## LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN Form B – Vendor (Subcontractor)

Grantees are required to submit staffing plans for all vendors (subcontractors) identified in their spending plans. Typically the staffing plans will be completed by the vendors or their subcontractors.

The illustration below shows fields 1-8 on the Local Assistance MWBE EEO Staffing Plan Form B. Fields 1- 4, 6 and 7 are self-explanatory. For Field 5, vendors must indicate if the work force reported on this form represents the work force to be utilized on this contract or the vendor’s total work force. In this example, the vendor has indicated that the numbers reported on this form represent the number of the vendor’s employees who will be working on this contract. The vendor’s other option would be to report the breakdown of their entire workforce. Either option is acceptable for the purposes of this form.

For Field 8 the Vendor must indicate the Equal Employment Opportunity staffing goals for their company. If the Vendor does not have goals in place they should leave this section blank.

<b>1. Vendor (Subcontractor) Name:</b> <b>Dole Corporation</b>	<b>2. DHSES Contract Number:</b> <b>C123456</b>	<b>3. Duns Number:</b>
<b>4. Vendor (Subcontractor) Address:</b> <b>100 Main Street Albany, NY 12345</b>	<b>5. This form indicates the Vendor's / Sub-Contractor's (select one):</b> <input checked="" type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force	
<b>6. Date:</b> <b>12/12/14</b>	<b>7. Federal ID Number:</b> <b>14-2345689</b>	
<b>8. EEO Goal (Vendor/Subcontractor):</b> <b>MBE (Minority) % WBE (Women) % No established goals</b>		

For fields 9 through 14 (see below), the Vendor must break down their workforce by Equal Employment Opportunity job categories, gender identification, race/ethnic identification and veteran status. The PDF version of this form will calculate the totals in this section.

Enter the total number of employees for each classification in each of the EEO-Job Categories identified: This portion of the form(fields 9-14), is a spreadsheet, Fields 13 and 14 will automatically calculate when using this feature.

EEO-Job Category	9. Total Work Force by Job Category	10. Work Force by Gender Identification		11. Work Force by Race/Ethnic Identification												12. Work Force by Disabled/Veteran Identification						
		Total Male (M)	Total Female (F)	American Indian or Alaska Native (M) (F)		Asian (M) (F)		Black or African American (M) (F)		Hispanic or Latino (M) (F)		Native Hawaiian or Other Pacific Islander (M) (F)		Two or More Races (M) (F)		White (M) (F)		Disabled (M) (F)		Veteran (M) (F)		
Craft Workers	20	15	5	0	1	1	0	3	1	1	0	0	0	0	0	0	10	3	0	0	1	1
Laborers	50	30	20	0	0	0	0	5	3	6	1	0	0	0	0	0	19	16	0	0	3	2
Office/Clerical	15	1	14	0	1	0	0	0	2	0	1	0	1	0	1	1	9	0	0	0	0	0
Officials/Administrators	10	7	3	0	0	0	0	0	0	0	0	0	0	0	0	0	7	3	0	0	0	0
Professionals	20	13	7	0	0	0	0	2	1	0	0	0	0	0	0	0	11	6	0	0	0	0
Sales Workers	6	6	0	0	0	0	0	1	0	0	0	0	0	0	0	0	5	0	0	0	1	0
Service Workers	15	15	0	0	0	0	0	2	0	1	0	0	0	0	0	0	12	0	0	0	2	0
Technicians	13	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	0
Temporary/Apprentices	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>13. Subtotals:</b>		<b>100</b>	<b>49</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>13</b>	<b>7</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>78</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>3</b>	
<b>14. Total Workforce:</b>	<b>149</b>																					

**IMPORTANT: EMPLOYEES SHOULD ONLY BE LISTED IN ONLY ONE RACE / ETHNIC IDENTIFICATION CATEGORY.**

For Field 15 (see below), the Vendor should enter the name, title, phone number, and email address of the person completing the form.

For Field 16 (see below), the Vendor should enter the name of their MWBE Liaison. This would be the person designated by the Vendor to answer questions regarding the information provided on the form.

The “For DHSES Use Only” section of the form will be completed by DHSES after a review of the staffing plan has been completed.

15. PREPARED BY (Signature):	EMAIL ADDRESS: <b>HMunster@dolecorp.com</b>	TELEPHONE NO.: <b>(518)555-1666</b>	DATE: <b>1/1/15</b>
NAME AND TITLE OF PREPARER (Print or Type): <b>Herman Munster – Personnel Administrator</b>		16. MWBE Liaison: <b>Herman Munster</b>	
<b>FOR DHSES USE ONLY</b>			
<input type="checkbox"/> MWBE EEO Staffing Plan Approved <input type="checkbox"/> MWBE EEO Staffing Plan Denied			
GPA Minority Business Officer:			Review Date:
Reviewer’s Comments:			

### **LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM**

All grantees/contractors awarded State funds by NYS DHSES are required to complete and submit a New York State Division of Homeland Security and Emergency Services Local Assistance MWBE Subcontractor/Supplier Utilization Form to their DHSES Contract Representative, prior to reimbursement of their grant. Additionally a utilization form must be submitted for each subsequent contract renewal period and with any budget modification, providing new or reassessed goals. This form is to be submitted once the grantee has determined what their Non-Personal Service procurements will be. For example, if the grantee is conducting an RFP (Request for Proposal) or a similar formal competitive bidding process, this form should be submitted for review and approval upon the completion of the bidding process.

The top portion of the NYS DHSES Local Assistance MWBE Subcontractor/Supplier form (fields 1 - 11), seen below, requires the Grantee to provide their basic information as well as information specific to their grant.

For Field 12 the grantee is to provide a brief description of the product type(s) or services which will be purchased with funds from the grant contract. For example; radio equipment, computer/office equipment, training, printing services, IT consulting services, vehicle maintenance etc.

For Field 13 the grantee should enter the total dollar amount of their award.

For Field 13a the grantee should indicate what dollar amount, if any, they are claiming to be exempt from the stated NYS MWBE goals. If a grantee is requesting either a partial or full exemption they must provide a signed justification on letterhead requesting the exemption and attach any supporting documentation to this form. **Please note that single and sole justifications require prior NYS DHSES approval.**

Field 13b is automatically calculated. This is the amount of the grant less any exemptions and/or personal services costs that are subject to the stated MWBE goals. In the example below the grantee is claiming exemptions for sole source as well as NYS OGS contract purchases in the amount of \$55,000. The remaining balance of their \$100,000 grant (\$45,000) would be subject to the MWBE goals.

For Field 14 the grantee will select what exemptions they are claiming from Box 13a. If you are claiming an approved single/sole source or NYS OGS Contract Vendor exemption, you must provide the name of the vendor in the space provided.

Grantee (Contractor) Information					
1. Name: Acme County		2. Address: 123 Main Street, Acme City, NY 12345			
3. Contact Person/Title: Jane Jetson		4. Telephone Number: (518) 555-5555		5. Email Address: janejet@acmecounty.com	
6. DHSES Contract Number: C123456		7. Grant Program/Year: 2015 PSAP		8. Federal ID No.: 11-1234567	9. NYS SFS No.: 9876543210
10. Project Location (Municipality/County/Region): Acme County			11. Contract Period: 01/01/2016 Through 12/31/2016		
12. Description of Goods/Services/Supplies to be Purchased: Communication Equipment with installation					
13. Grant (Contract) Amount: \$100,000.00		13a. Exempt Amount: \$55,000.00		13b. Grantee Discretionary NPS Amount: \$45,000.00	
14. Reason for Exemption (select all that apply):					
<input type="checkbox"/> Personnel Costs <input checked="" type="checkbox"/> Single/Sole Source (see below) <input checked="" type="checkbox"/> NYS OGS Contract (see below) <input type="checkbox"/> Waiver Approved <input type="checkbox"/> Other (Please Describe)					
Sole/Single Source - Provide name(s) of approved Single/Sole Source Vendor: Cogswell Communications Store					
NYS OGS Contract - Provide name(s) of NYS OGS Contract Vendor and Contract Number: Astro Enterprises, PT12345					

The next section of the Local Assistance MWBE Subcontractor/Supplier Utilization Form seen below, is to only be completed if the grantee has utilized a NYS certified MWBE vendor and paid for the goods or services provided with monies from the contract referenced in field 6. The left section of this portion of the form (fields 15-21) is a fillable work sheet. Fields 22-24 will automatically calculate the totals for this section of the table.

For Field 15 the grantee will list the name and address of all NYS Certified MWBE subcontractor(s)/supplier(s) that will be utilized to provide any services and/or commodities paid for with funds from this grant. **Note: Certified MWBE suppliers and contractors may be located by searching the MWBE directory at: <https://ny.newnycontracts.com>.**

For Field 16 the grantee must provide the vendor's NYS MWBE Certification Number.

For Field 17 the grantee must provide a brief description of the commodities or services to be purchased from the MWBE vendor.

For Fields 18 if the selected vendor is certified as a MBE, the grantee must indicate the amount of grant funds which will be spent with the vendor.

For Fields 19 if the selected vendor is certified as a WBE, the grantee must indicate the amount of grant funds which will be spent with the vendor.

For Field 20 if known, the grantee should enter the date of the purchase, or date the subcontract agreement was signed.

For Field 21, the grantee will check whether is vendor is a MBE or WBE vendor and the status of their certification.

Fields 22 and 23 will calculate automatically.

For Field 24, the form will calculate the MWBE Utilization percentages based upon the following formula; Field 13b (Grantee Discretionary NPS amount) divided by the individual MBE and WBE utilization totals in field 23. The resulting percentages will appear in the corresponding MWBE Utilization percentages fields.

Fields 13b, 22, 23 and 24 will automatically calculate.

15. MWBE Subcontractor/Supplier Name and Address	16. NYS MWBE Certification Number	17. Description of Services or Supplies Provided	18. MBE Dollar Amount	19. WBE Dollar Amount	20. Date of Subcontract	21. MWBE Status and Certification	Verified by DHSES
International Radio Corporation 101 International Drive Orlando, FL 38000	123456	Radio Equipment	\$4,900.00	\$0.00	2/2/16	<input checked="" type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending *	
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending *	
						<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> NYS Certified <input type="checkbox"/> Certification Pending *	
22. Discretionary NPS Amount(Box 13b):	\$45,000.00	23. MWBE Utilization Amounts:	\$4,900.00	\$0.00			
		24. MWBE Utilization Percentage:	10.89%	0.00%			

For field 25 the grantee (contractor) must certify that the information contained on the form is accurate and represents the grantee’s intent, if applicable, to utilize the MWBE subcontractor(s) listed. The grantee (contractor) must sign and date this form.

The “For DHSES Use Only” section will be completed by the person authorized to conduct the final review.

25. Grantee (Contractor) Signature/Agreement:		<input checked="" type="checkbox"/> My agency proposes to use the MWBEs listed above
Print Name: Jane Jetson		Date: 4/4/2016
<b>FOR DHSES USE ONLY</b>		
MWBE Firms: NYS Certified <input type="checkbox"/> Certification Pending    Unknown	Reviewer Comments:	
GPA Minority Business Officer:	Review Date:	

## NYS DHSES MWBE Waiver Request Form

A grantee/contractor must submit a NYS MWBE Waiver Request Form if they are unable to meet the stated MWBE utilization goals for a reason other than the exemptions listed on the **LOCAL ASSISTANCE MWBE SUBCONTRACTOR/SUPPLIER UTILIZATION FORM (Field 12)**. The grantee is required to submit supporting documentation as well as a narrative explaining why they were unable to reach the required MWBE utilization goals.

The illustration bellow shows fields 1-8 on the NYS DHSES MWBE Waiver Request Form. Fields 1-5 are self-explanatory.

For Field 6 the Grantee/Contractor must enter the MWBE percentage that was indicated in their grant guidance and the resulting dollar amount. Typically the MWBE percentage for NYS funded grants is 15% MBE and 15 % WBE.

For Field 7 the grantee must indicate if they are requesting a full or partial MWBE waiver. A full waiver will result in a goal of 0%. A partial waiver occurs if the grantee has not been able to meet the goals stated in their grant guidance but have been able to reach an MWBE utilization percentage higher than zero.

For Field 8 the grantee will sign and provide their contact information.

<b>IMPORTANT: Separate attachments must be included with this form, detailing the basis for a partial or total waiver request. By submitting this document, the grantee (contractor) certifies that the grantee has made a good faith effort to promote MWBE participation pursuant to the MWBE requirements set forth in the grant contract.</b>									
1. Grantee (Contractor) Name: <b>Acme County</b>		2. NYS SFS Number : <b>1234567890</b>							
1a. Preparer Name/Title: <b>Jane Jetson</b>		3. Federal Identification Number: <b>14-1234567</b>							
1b. Street Address: <b>123 Main St., PO box 321</b>		4. Contract Number: <b>C123456</b>	5. Contract Amount: <b>\$100,000</b>						
1c. City, State, Zip Code: <b>Acme City, NY 12345</b>		6. Approved MWBE Goals: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">MBE</td> <td style="width: 25%;">15 %</td> <td style="width: 25%;">Amount \$ 15,000.00</td> <td style="width: 25%;">WBE</td> <td style="width: 25%;">15 %</td> <td style="width: 25%;">Amount \$ 15,000.00</td> </tr> </table>		MBE	15 %	Amount \$ 15,000.00	WBE	15 %	Amount \$ 15,000.00
MBE	15 %	Amount \$ 15,000.00	WBE	15 %	Amount \$ 15,000.00				
7. Type of MWBE Waiver Requested:                      Full <input checked="" type="checkbox"/> Partial									
a. MBE Waiver Total <b>\$0.00</b>		If partial waiver, please enter the requested revised MBE percentage and amount <b>11 % / \$4,900.00</b>							
b. WBE Waiver Total <b>\$4,100.00</b>		If partial waiver, please enter the requested revised WBE percentage and amount <b>0 % / \$ 0.00</b>							
8. Signature:		Date: <b>3/3/15</b>							
Telephone Number: <b>(518)555-5555</b>		Email Address : <b>JJetson@AcmeCounty.com</b>							
By signing and submitting this form, the grantee (contractor) certifies that a good faith effort has been made to promote MWBE participation pursuant to the MWBE requirements set forth under the contract. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, and a suspension or termination of the contract									

All MWBE waiver requests must document the good faith efforts utilized by the grantee/contractor to provide opportunities for participation by MWBE subcontractors/suppliers in the bidding process. Good faith efforts are defined by the MWBE regulations. No MWBE waiver requests are to be considered without this documentation attached. Waiver requests must be approved by the Governor’s MWBE Office.

The following list delineates the documentation which the grantee will be required to submit along with the NYS DHSES MWBE Waiver request form.

1. A narrative which details the grantee’s justification for requesting a full or partial waiver.

2. A copy of the RFP which was provided to all interested bidders.
3. A list of the publications in which the advertisement for bid was run. The grantee must include a copy of each advertisement.
4. The dates the advertisement(s) were published.
5. A list of any NYS Certified MWBE firms that were informed of the bidding opportunity.
6. Copies of notices, dates of contact, letters and any other correspondence that demonstrate the grantee did in fact inform NYS Certified MWBE vendors of the procurement opportunity.
7. Copies of responses the grantee received from NYS Certified MWBE firm specific the procurement opportunity. The grantee must explain why the NYS Certified MWBE vendor(s) was not selected.
8. The grantee must provide a description of any contract documents, plans, or specification made available to NYS Certified MWBE vendors for the purpose of soliciting their participation and any steps taken to structure the scope of work for the purpose of subcontracting with or obtaining supplies from NYS Certified MWBE firms.
9. The grantee must provide documentation of any negotiations between themselves and any NYS Certified MWBE vendor which occurred for the purpose of complying with the NYS Certified MWBE participation goals.
10. The grantee should provide any additional information they feel is relevant and which will help in evaluating their request for a waiver.
11. The grantee must provide the name, title, address, telephone number and email address of the grantee's representative authorized to discuss the waiver request.

**Note: Unless a total waiver has been granted, the grantee (contractor) will be required to submit all reports and documents pursuant to the provision set forth in the contract, as deemed appropriate by DHSES, to determine MWBE compliance.**